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## HRSA Electronic Handbook

# FY 2016 Noncompeting Continuation (NCC)/Budget Period Renewal (BPR) Progress Report

## User Guide for Grantees

Last updated on: July 2, 2015



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This user guide describes the steps you need to follow to submit an FY 2016 Noncompeting Continuation (NCC)/Budget Period Renewal (BPR) progress report to HRSA.

## 1. Accessing the FY 2016 NCC/BPR Progress Report

To access the FY 2016 NCC/BPR progress report, follow the steps below:

1. After logging into Electronic Handbook (EHB), click the Grants tab (**Figure 1, Box 1**) on the EHB Home page to navigate to the **My Grant Portfolio - List** page.

**IMPORTANT NOTE:** If you do not have a username, you must register in EHB. Do not create duplicate accounts. If you experience log in issues or forgot your password, contact the HRSA Contact Center (<http://www.hrsa.gov/about/contact/ehbhelp.aspx>) at (877) 464-4772.

2. Locate your H80 grant in the list and click on the **Grant Folder** link (**Figure 1, Box 2**).
  - The system navigates to the **Grant Home** page of the H80 grant.

**IMPORTANT NOTES:** If you do not see your grant on the **My Grant Portfolio - List** page, you must add the grant to your portfolio. To add the grant to your portfolio, follow the steps below:

- On the **My Grant Portfolio - List** page, just below the page title, click the **Add Grant to Portfolio** button.
- On the **Add Grant to Portfolio** page, select the appropriate Role.
- Click the **Continue** button at the right edge of the page and proceed.

**Figure 1: Accessing the H80 Grant Folder**



3. On the **Grant Home** page, click on the **Work on My NCC Report** link under the Submissions section (**Figure 2, Box 1**).

- The system opens the **NCC Progress Report - Status Overview** page of the FY 2016 NCC/BPR progress report ([Figure 4](#)).

**IMPORTANT NOTE:** Once you start working on the NCC/BPR progress report, the system displays the [Edit](#) link instead of the [Start](#) link the next time you access this page.

### Figure 3: Accessing the NCC Progress Report



**Figure 4: Accessing the NCC Progress Report - Status Overview page**

| NCC Progress Report Status   |               |  |
|--|---------------|--|
| Section  | Status        | Options  |
| Basic Information <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span>  |               |  |
| SF-PPR   | ✗ Not Started |  Update |
| SF-PPR-2 (Cover Page Continuation)   | ✗ Not Started |  Update |
| Budget Information <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">2</span> |               |  |
| Budget Details   | ✗ Not Started |  |
| Support Year   | ✗ Not Started |  Update |
| Budget Narrative   | ✗ Not Started |  Update |
| Other Information <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">3</span>  |               |  |
| Program Specific Information   | ✗ Not Started |  Update |
| Appendices   | ✗ Not Started |  Update |

The FY 2016 NCC/BPR progress report consists of a standard and a program specific section. You must complete the forms displayed in both of these sections in order to submit your progress report to HRSA.

## 2. Completing the standard SF-PPR section of the progress report

The standard section of the progress report consists of the following main sections:

- Basic Information ([Figure 4](#), [Box 1](#))
- Budget Information ([Figure 4](#), [Box 2](#))
- Other Information ([Figure 4](#), [Box 3](#))

To complete the standard section of the progress report, follow the steps below:

1. The **SF-PPR** form displays the basic grantee organization information. Review and update the Authorizing Official (AO) information as necessary, and click the **Save and Continue** button to proceed to the **SF-PPR-2 (Cover Page Continuation)** form.
2. The **SF-PPR-2 (Cover Page Continuation)** form displays project information related to lobbying activities, areas affected by the project, and the Point of Contact (POC). Update the information on this page as necessary, and click the **Save and Continue** button to proceed to the **Budget Details** form.
3. To complete the **Budget Details** form, refer to the [2.1. Completing the Budget Details](#) section of this document. Click on the **Save and Continue** button of the **Budget Details** form to proceed to the **Budget Narrative** form.
4. On the **Budget Narrative** form, attach a budget justification narrative by clicking on the **Attach File** button ([Figure 5](#), [Box 1](#)).

Figure 5: Budget Narrative form

5. Click on the **Save and Continue** button to navigate to the **Program Specific Information - Status Overview** page. Refer to the [3. Completing the Program Specific Forms](#) section of this user guide for details about completing the program specific section of the progress report.

## 2.1 Completing the Budget Details form

To access the **Budget Details** form, you can choose one of the following options:

- On the **NCC Progress Report - Status Overview** page, click on the **Update** link for the **Support Year** line item under the **Budget Details** form (**Figure 6, Box 1**).
- Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (**Figure 6, Box 2**). Click on the **Budget Details** link in the left menu (**Figure 6, Box 3**).









Figure 8: Sub-Programs - Update page

**Sub Programs - Update**

NCC Progress Report Tracking # : [redacted] Due Date: [redacted] (Due In: [redacted] Days) | Section Status: Not Started

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**Select Sub Program(s)**

| Select                              | Program                      | CFDA   |
|-------------------------------------|------------------------------|--------|
| <input checked="" type="checkbox"/> | Community Health Centers     | 93.224 |
| <input type="checkbox"/>            | Health Care for the Homeless | 93.224 |
| <input type="checkbox"/>            | Migrant Health Centers       | 93.224 |
| <input type="checkbox"/>            | Public Housing               | 93.224 |

Cancel Save and Continue

2. Select or de-select the sub-programs as applicable.
3. Click on the **Save and Continue** button.
  - The **Budget Details** form re-opens showing the selected sub-program(s) under Section A – Budget Summary (Figure 9, 1).

Figure 9: Section A – Budget Summary showing addition of a sub-program

**Section A - Budget Summary**

Grant Program Function or Activity CFDA Number New or Revised Budget

|                              |        | Federal | Non-Federal | Total  |
|------------------------------|--------|---------|-------------|--------|
| Community Health Centers     | 93.224 | \$0.00  | \$0.00      | \$0.00 |
| Health Care for the Homeless | 93.224 | \$0.00  | \$0.00      | \$0.00 |
| Total:                       |        | \$0.00  | \$0.00      | \$0.00 |

Update Sub Program Update

4. To enter or update the budget information for each sub-program, click the **Update** button displayed in the right corner of the Section A – Budget Summary header (Figure 9, 2).
  - The **Budget Information (Support Year) - Update** page opens displaying Section A – Budget Summary.

Figure 10: Budget Information (Support Year) - Update page for Section A – Budget Summary

**Budget Information (Support Year) - Update**

NCC Progress Report Tracking # : [redacted] Due Date: [redacted] (Due In: [redacted] Days) | Section Status: Not Complete

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**Section A - Budget Summary**

Grant Program Function or Activity CFDA Number New or Revised Budget

|                              |        | Federal | Non-Federal | Total  |
|------------------------------|--------|---------|-------------|--------|
| Community Health Centers     | 93.224 | \$0.00  | \$0.00      | \$0.00 |
| Health Care for the Homeless | 93.224 | \$0.00  | \$0.00      | \$0.00 |
| Total:                       |        | \$0.00  | \$0.00      | \$0.00 |

Cancel Save and Continue

5. Under the New or Revised Budget section, enter the amount of federal funds request for the upcoming budget period for each requested sub-program (CHC, MHC, HCH, and/or PHPC) ([Figure 10, Box 1](#)). In the Non-Federal column, enter the non-federal funds for the upcoming budget period for each selected sub-program ([Figure 10, Box 2](#)).
6. Click the **Save and Continue** button.
  - The **Budget Details** form re-opens displaying the updated New or Revised Budget under Section A – Budget Summary ([Figure 11](#)).

**Figure 11: Section A – Budget Summary after Update**

| Grant Program Function or Activity | CFDA Number | New or Revised Budget |               |                     |
|------------------------------------|-------------|-----------------------|---------------|---------------------|
|                                    |             | Federal               | Non-Federal   | Total               |
| Community Health Centers           | 93.224      | \$100,000.00          | \$0.00        | \$100,000.00        |
| Health Care for the Homeless       | 93.224      | \$176,567.00          | \$0.00        | \$176,567.00        |
| <b>Total:</b>                      |             | <b>\$276,567.00</b>   | <b>\$0.00</b> | <b>\$276,567.00</b> |

**IMPORTANT NOTE:** The total New or Revised federal budget included in Section A – Budget Summary must be equal to the “Recommended Federal Budget” displayed on the **Budget Details** form ([Figure 11, Box 1](#)).

7. In Section B – Budget Categories, you must provide the federal and non-federal funding distribution across object class categories for the upcoming budget period. Click the **Update** button provided at the right corner of the Section B header ([Figure 12](#)).

**Figure 12: Section B – Budget Categories**

| Object Class Categories     | Grant Program Function or Activity |               | Total         |
|-----------------------------|------------------------------------|---------------|---------------|
|                             | Federal                            | Non-Federal   |               |
| Personnel                   | \$0.00                             | \$0.00        | \$0.00        |
| Fringe Benefits             | \$0.00                             | \$0.00        | \$0.00        |
| Travel                      | \$0.00                             | \$0.00        | \$0.00        |
| Equipment                   | \$0.00                             | \$0.00        | \$0.00        |
| Supplies                    | \$0.00                             | \$0.00        | \$0.00        |
| Contractual                 | \$0.00                             | \$0.00        | \$0.00        |
| Construction                | \$0.00                             | \$0.00        | \$0.00        |
| Other                       | \$0.00                             | \$0.00        | \$0.00        |
| <b>Total Direct Charges</b> | <b>\$0.00</b>                      | <b>\$0.00</b> | <b>\$0.00</b> |
| Indirect Charges            | \$0.00                             | \$0.00        | \$0.00        |
| <b>Total</b>                | <b>\$0.00</b>                      | <b>\$0.00</b> | <b>\$0.00</b> |

- The **Budget Information (Support Year) - Update** page opens displaying Section B – Budget Categories ([Figure 13](#)).
8. Enter the federal dollar amount for each applicable object class category under the federal column ([Figure 13, Box 1](#)).

- Similarly, enter the non-federal dollar amount for each applicable object class category under the Non-Federal column (**Figure 13, Box 2**).

**Figure 13: Budget Information (Support Year) - Update page for Section B – Budget Categories**

**Budget Information (Support Year) - Update**

**Note(s):**  
 Total federal amount in Section B must be equal to the total new or revised budget, federal amount specified in budget summary (section A) (\$276,567.00).  
 Total non-federal amount in Section B must be equal to the total new or revised budget, non-federal amount specified in budget summary (section A) (\$0.00).

NCC Progress Report Tracking #: [REDACTED] Due Date: [REDACTED] (Due In: [REDACTED] Days) | Section Status: Not Complete

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**Section B - Budget Categories**

| Object Class Categories                                     | Grant Program Function or Activity |             | Total        |
|---|------------------------------------|-------------|--------------|
|   | Federal                            | Non-Federal |              |
| Personnel   | \$ 0.00                            | \$ 0.00     | \$0.00       |
| Fringe Benefits   | \$ 0.00                            | \$ 0.00     | \$0.00       |
| Travel  | \$ 0.00                            | \$ 0.00     | \$0.00       |
| Equipment   | \$ 0.00                            | \$ 0.00     | \$0.00       |
| Supplies  | \$ 0.00                            | \$ 0.00     | \$0.00       |
| Contractual   | \$ 0.00                            | \$ 0.00     | \$0.00       |
| Construction  | \$ 0.00                            | \$ 0.00     | \$0.00       |
| Other   | \$ 0.00                            | \$ 0.00     | \$0.00       |
| Indirect Charges  | \$ 0.00                            | \$ 0.00     | \$0.00       |
| <b>Total</b>  | \$0.00                             | \$0.00      | \$0.00       |
| <b>Total Budget specified in Budget Summary (Section A)</b> | \$276,567.00                       | \$0.00      | \$276,567.00 |

Calculate Total

Cancel **Save and Continue**

**IMPORTANT NOTES:**

- The total federal amount in Section B – Budget Categories must be equal to the total new or revised federal budget amount specified in Section A – Budget Summary of the **Budget Details** form.
- The total non-federal amount in Section B – Budget Categories must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary of the **Budget Details** form.

- Click the **Save and Continue** button (**Figure 13, Box 3**) to navigate to the **Budget Details** form (**Figure 7**).
- In Section C – Non-Federal Resources, distribute the non-federal budget amount specified in Section A – Budget Summary across the applicable non-federal resources. Click the **Update** button provided in the right corner of Section C header to do so (**Figure 14, Box 1**).

Figure 14: Section C – Non-Federal Resources

| Grant Program Function or Activity | Applicant | State  | Local  | Other  | Program Income | Total  |
|------------------------------------|-----------|--------|--------|--------|----------------|--------|
| Community Health Centers           | \$0.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00         | \$0.00 |
| Health Care for the Homeless       | \$0.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00         | \$0.00 |
| <b>Total:</b>                      | \$0.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00         | \$0.00 |

**IMPORTANT NOTE:** The total non-federal amount in Section C – Non-Federal Resources must be equal to the total new or revised non-federal budget amount specified in Section A – Budget Summary of the **Budget Details** form.

- Click the **Save and Continue** button to proceed to the **Budget Narrative** form (Figure 5).

### 3. Completing the Program Specific Forms

To access the program specific section of the progress report, you can choose one of the following options:

- On the **NCC Progress Report - Status Overview** page, click on the **Update** link for the **Program Specific Information** line item (Figure 15, Box 1).
- Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (Figure 15, Box 2). Click on the **Program Specific Information** link in the left menu (Figure 15, Box 3).



Figure 15: Accessing the program specific information section of the NCC progress report

**NCC Progress Report - Status Overview**

**Note(s):**  
 The table below shows the status of the progress report. The progress report is currently **INCOMPLETE** and cannot be submitted in its current state.

**NCC Progress Report Tracking #:** [Tracking Number] **Due Date:** [Due Date] (Due In: [Days] Days) | Status: In Progress

**Grant Number:** [Grant Number] **Original Deadline:** [Original Deadline] **Created On:** [Created On]

**Project Officer:** [Project Officer] **Project Officer Email:** [Project Officer Email] **Project Officer Contact #:** [Project Officer Contact #]

**Last Updated By:** [Last Updated By]

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**Users with Permissions on NCC Progress Report**

| Section                            | Status      | Options                |
|------------------------------------|-------------|------------------------|
| Basic Information                  |             |                        |
| SF-PPR                             | Not Started | <a href="#">Update</a> |
| SF-PPR-2 (Cover Page Continuation) | Not Started | <a href="#">Update</a> |
| Budget Information                 |             |                        |
| Budget Details                     | Not Started |                        |
| Support Year                       | Not Started | <a href="#">Update</a> |
| Budget Narrative                   | Not Started | <a href="#">Update</a> |
| Other Information                  |             |                        |
| Program Specific Information       | Not Started | <a href="#">Update</a> |
| Appendices                         | Not Started | <a href="#">Update</a> |

➤ The **Program Specific Information - Status Overview** page opens (Figure 16).

**IMPORTANT NOTE:** Click on the **Update** link for any form to start updating it. Once completed, click on the **Save and Continue** button to proceed to the next listed form.

Figure 16: Status Overview page for Program Specific Forms

| Program Specific Information Status      |              |                        |
|--|--------------|------------------------|
| Section                                  | Status       | Options                |
| <b>Budget Information</b>                |              |                        |
| Form 3 - Income Analysis                 | Complete     | <a href="#">Update</a> |
| <b>Sites and Services</b>                |              |                        |
| Form 5A - Services Provided              | Not Complete |                        |
| Required Services                        | Complete     | <a href="#">Update</a> |
| Additional Services                      | Not Started  | <a href="#">Update</a> |
| Form 5B - Service Sites                  | Not Started  | <a href="#">Update</a> |
| Form 5C - Other Activities/Locations     | Complete     | <a href="#">Update</a> |
| Scope Certification                      | Not Started  | <a href="#">Update</a> |
| <b>Other Forms</b>                       |              |                        |
| Program Narrative Update                 | Not Started  |                        |
| Environment and Organizational Capacity  | Not Started  | <a href="#">Update</a> |
| Patient Capacity and Supplemental Awards | Not Started  | <a href="#">Update</a> |
| Clinical/Financial Performance Measures  | Not Started  | <a href="#">Update</a> |

## 3.1 Form 3 – Income Analysis

**Form 3: Income Analysis** projects program income, by source, for the upcoming budget period. This form comprises of the following sections:

- [Payer Category](#) (Figure 17, Box 1)
- [Comments/Explanatory Notes](#) (Figure 17, Box 2)

Figure 17: Form 3: Income Analysis

**Form 3 - Income Analysis**

**Note(s):**  
 The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If not, explain in the Comments/Explanatory Notes box.

Due Date:  (Due In:  Days) | Section Status:

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[BPR 2016 User Guide](#) | [Funding Opportunity Announcement](#)

Fields with \* are required

| Payer Category <sup>1</sup>   | Patients By Primary Medical Insurance (a) <sup>3</sup> | Billable Visits (b) <sup>4</sup> | Income Per Visit (c) <sup>5</sup> | Projected Income (d) <sup>6</sup> | Prior FY Income <sup>7</sup> |
|---|--|----------------------------------|-----------------------------------|-----------------------------------|------------------------------|
| <b>Part 1: Patient Service Revenue - Program Income</b>                       |  |                                  |                                   |                                   |                              |
| * 1. Medicaid   |  |                                  |                                   |                                   |                              |
| * 2. Medicare   |  |                                  |                                   |                                   |                              |
| * 3. Other Public   |  |                                  |                                   |                                   |                              |
| * 4. Private  |  |                                  |                                   |                                   |                              |
| * 5. Self Pay   |  |                                  |                                   |                                   |                              |
| 8. Total (Lines 1 - 5)  | Calculate Total and Save <sup>8</sup>                  |                                  |                                   | N/A                               |                              |
| <b>Part 2: Other Income - Other Federal, State, Local and Other Income</b>    |  |                                  |                                   |                                   |                              |
| * 7. Other Federal  | N/A  | N/A                              | N/A                               |                                   |                              |
| * 8. State Government   | N/A  | N/A                              | N/A                               |                                   |                              |
| * 9. Local Government   | N/A  | N/A                              | N/A                               |                                   |                              |
| * 10. Private Grants/Contracts  | N/A  | N/A                              | N/A                               |                                   |                              |
| * 11. Contributions   | N/A  | N/A                              | N/A                               |                                   |                              |
| * 12. Other   | N/A  | N/A                              | N/A                               |                                   |                              |
| * 13. Applicant (Retained Earnings)   | N/A  | N/A                              | N/A                               |                                   |                              |
| 14. Total Other (Lines 7 - 13)  | Calculate Total and Save <sup>8</sup>                  | N/A                              | N/A                               | N/A                               |                              |
| <b>Total Non-Federal (Non-section 330) Income (Program Income Plus Other)</b> |  |                                  |                                   |                                   |                              |
| 15. Total Non-Federal Income (Lines 6 + 14)                                   | Calculate Total and Save <sup>9</sup>                  | N/A                              | N/A                               | N/A                               |                              |
| <b>Comments/Explanatory Notes (if applicable) <sup>2</sup></b>                |  |                                  |                                   |                                   |                              |
| Approximately 2 pages (Max 2500 Characters): 2500 Characters left.            |  |                                  |                                   |                                   |                              |

[Go to Previous Page](#) [Save](#) [Save and Continue](#)

### 3.1.1 Completing the Payer Category section

The Payer Category section is further divided into the following sub-sections:

- Part 1: Patient Service Revenue - Program Income
- Part 2: Other Income - Other Federal, State, Local and Other Income
- Total Non-Federal (Non-section 330) Income (Program Income Plus Other)



To complete the **Payer Category** section, follow the steps below:

1. In column (a), provide the number of Patients by Primary Medical Insurance for each payer category. Enter 0 if not applicable ([Figure 17, Box 3](#)).
2. In column (b), provide the number of Billable Visits that is greater than or equal to the number of Patients by Primary Medical Insurance, i.e. column (a), for each payer category. Enter 0 if not applicable ([Figure 17, Box 4](#)).
3. In column (c), provide the amount of Income per Visit for each payer category. Enter 0 if not applicable. ([Figure 17, Box 5](#)).
4. In column (d), provide the amount of Projected Income for each payer category. Enter 0 if not applicable ([Figure 17, Box 6](#)).
5. In column (e), provide the amount of Prior FY Income. Enter 0 if not applicable ([Figure 17, Box 7](#)).
6. Click the **Calculate Total and Save** button to calculate and save the values for each Payer Categories in Part 1 ([Figure 17, Box 8](#)).

#### IMPORTANT NOTES:

- The number of Billable Visits in column (b) should be 0 if the number of Patients by Primary Medical Insurance in column (a) for a payer category is 0.
- The value in column (d) – Projected Income for a payer category should be equal to the value calculated by multiplying column (b) – Billable visits by column (c) – Income per Visit for that category. If these values are not equal, provide an explanation in the [Comments/Explanatory Notes](#) box.
- The columns **Patients By Primary Medical Insurance (a)**, **Billable Visits (b)**, and **Income Per Visit (c)** in Part 2 are disabled and set to 'N/A'.

7. Click the **Calculate Total and Save** button in the **Total Non-Federal (Non-section 330) Income (Program Income plus Other)** section to calculate and save the values for each Payer Categories in Part 1 & 2 ([Figure 17, Box 9](#)).

### 3.1.2 Completing the Comments/Explanatory Notes section

In this section, enter any comments/explanations related to this form ([Figure 17, Box 2](#)).

1. If the value for any payer category in Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (b) with Income per Visit (c), provide an explanation in this section. Provide justification for each payer category for which these numbers are not equal. If these numbers are equal for all the payer categories, providing comments in this section is optional.
2. Click the **Save and Continue** button to save your work and proceed to the next form.

## 3.2 Form 5A – Services Provided

**Form 5A: Services Provided** is pre-populated with the services in the current H80 scope that HRSA has on file for your organization.

**Form 5A** will be non-editable. You will be required to visit the Required Services, Additional Services, and the Specialty Services sections at least once in order to change the status of the form to Complete.

**Figure 18: Form 5A – Services Provided (Required Services section)**

**Form 5A - Services Provided (Required Services)**

**Note(s):**  
 Review the list of services retrieved from your scope on file as of '07/02/2015 02:15:18 PM'. If there was a recent change approved for your scope (e.g. through a Change In Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.

Due Date: (Due In: Days) | Section Status:

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 BPR 2016 User Guide | Funding Opportunity Announcement | Services in H80 Scope

**Required Services** **Additional Services**

**Refresh from Scope** **1**

| Service Type  | Column I - Direct<br>(Health Center Pays) (i) | Column II - Formal Written<br>Contract/Agreement<br>(Health Center Pays) (i) | Column III - Formal Written Referral<br>Arrangement<br>(Health Center DOES NOT pay) (i) |
|---|---|--|---|
| General Primary Medical Care (i)                    | [X]   | [_]  | [_]   |
| Diagnostic Laboratory (i)                           | [X]   | [X]  | [X]   |
| Diagnostic Radiology (i)                            | [X]   | [X]  | [X]   |
| Screenings (i)                                      | [X]   | [X]  | [X]   |
| Coverage for Emergencies During and After Hours (i) | [X]   | [X]  | [X]   |
| Voluntary Family Planning (i)                       | [X]   | [_]  | [_]   |
| Immunizations (i)                                   | [X]   | [_]  | [_]   |
| Well Child Services (i)                             | [X]   | [_]  | [_]   |
| Gynecological Care (i)                              | [X]   | [X]  | [X]   |
| Obstetrical Care (i)                                |   |  |   |
| Prenatal Care (i)                                   | [_]   | [X]  | [X]   |
| Intrapartum Care (Labor & Delivery) (i)             | [_]   | [X]  | [X]   |
| Postpartum Care (i)                                 | [_]   | [X]  | [X]   |
| Preventive Dental (i)                               | [X]   | [_]  | [_]   |
| Pharmaceutical Services (i)                         | [X]   | [_]  | [_]   |
| HCH Required Substance Abuse Services (i)           | [_]   | [_]  | [_]   |
| Case Management (i)                                 | [X]   | [_]  | [_]   |
| Eligibility Assistance (i)                          | [X]   | [_]  | [_]   |
| Health Education (i)                                | [X]   | [_]  | [_]   |
| Outreach (i)  | [X]   | [_]  | [X]   |
| Transportation (i)                                  | [X]   | [X]  | [_]   |
| Translation (i)                                     | [X]   | [_]  | [_]   |

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If the pre-populated data on **Form 5A** does not reflect any recent approved scope changes, click the **Refresh from Scope** button to refresh the data and display the latest scope of project (Figure 18, Box 1).

**Form 5A** will be complete when the status of the **Required Services** and **Additional Services** sections is complete. The completed status of these sections is indicated with a green tick mark (✓ icon) in the section tabs (Figure 19).

Figure 19: Completed Required, Additional and Specialty Services sections

Fields with \* are required

☒ Required Services ☒ Additional Services

Service Type

After visiting all the sections on **Form 5A**, click the **Continue** button to proceed to the next form.

### 3.3 Form 5B – Service Sites

**Form 5B: Service Sites** is pre-populated with the sites in the current H80 scope that HRSA has on file for your organization.

**Form 5B** will be non-editable. You will be required to visit the form at least once in order to change the status of the form to Complete.

Figure 20: Form 5B – Service Sites

**Form 5B - Service Sites**

00130894: CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS INC Due Date: 01/02/2016 (Due In: 184 Days) | Section Status: Not Started

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| Site Name | Physical Address | Service Site Type                    | Location Type | Options |
|-----------|------------------|--------------------------------------|---------------|---------|
| ...       | ...              | Administrative/Service Delivery Site | Permanent     | View    |
| ...       | ...              | Service Delivery Site                | Permanent     | View    |
| ...       | ...              | Service Delivery Site                | Permanent     | View    |
| ...       | ...              | Service Delivery Site                | Mobile Van    | View    |

Go to Previous Page Save Save and Continue

If the pre-populated data on **Form 5B** does not reflect any recent approved scope changes, click the **Refresh from Scope** button to refresh the data and display the latest scope of project (Figure 20, Box 1).

Click the **Continue** button on **Form 5B** to proceed to the next form.

## 3.4 Form 5C - Other Activities/Locations

**Form C – Other Activities/Locations** is pre-populated with the activities/locations in the current H80 scope that HRSA has on file for your organization.

**Form 5C** will be non-editable. You will be required to visit this form at least once in order to change the status of the form to Complete.

**Figure 21: Form 5C – Other Activities/Locations**

**Form 5C - Other Activities/Locations**

**Note(s):**  
 Review the list of activities and locations retrieved from your scope on file as of **7/2/2016 2:21:33 PM**. If there was a recent change approved for your scope (e.g. through a Change In Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.

Due Date: (Due In: Days) | Section Status:

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**Refresh From Scope** 1

| Type of Activity | Frequency of Activity | Description of Activity | Type of Location(s) where Activity is Conducted |
|------------------|-----------------------|-------------------------|---|
| ...              | ...                   | ...                     | ...   |
| ...              | ...                   | ...                     | ...   |
| ...              | ...                   | ...                     | ...   |
| ...              | ...                   | ...                     | ...   |
| ...              | ...                   | ...                     | ...   |
| ...              | ...                   | ...                     | ...   |
| ...              | ...                   | ...                     | ...   |
| ...              | ...                   | ...                     | ...   |
| ...              | ...                   | ...                     | ...   |

Go to Previous Page | Continue

If the pre-populated data on **Form 5C** does not reflect any recent approved scope changes, click the **Refresh from Scope** button to refresh the data and display the latest scope of project (**Figure 21, Box 1**).

Click the **Continue** button on **Form 5C** to proceed to the next form.

## 3.5 Scope Certification

**Scope Certification** allows you to certify if the H80 scope of your organization, displayed in **Form 5A: Services Provided** and **Form 5B: Service Sites** of this progress report, is correct.

Figure 22: Scope Certification

To complete this form, follow the steps below:

1. Select an option in section 1 - Scope of Project Certification - Services to certify that the [Form 5A: Services Provided](#) form of this FY 2016 NCC/BPR progress report accurately reflects all services and service delivery methods included in your current approved project scope or that it requires changes that you submitted through the change in scope process (**Figure 22, Box 1**).
2. Select an option in section 2 - Scope of Project Certification - Sites to certify that the [Form 5B: Service Sites](#) form of this FY 2016 NCC/BPR progress report accurately reflects all sites included in your current approved project scope or that it requires changes that you submitted through the change in scope process (**Figure 22, Box 2**).
3. Click the **Save and Continue** button to save the information and proceed to the next form.

## 3.6 Program Narrative Update

The **Program Narrative Update** form addresses progress and changes that have impacted the community/target population and the grantee organization over the past year. It also addresses the grantee's plans for the upcoming FY 2015 budget period. This form comprises of the following sections:

- [Environment and Organizational Capacity](#) (**Figure 23**)
- [Patient Capacity and Supplemental Awards](#) (**Figure 24**)
- [Clinical/Financial Performance Measures](#) (**Figure 27, Figure 28**)



### 3.6.1 Completing Environment and Organizational Capacity

Figure 23: Program Narrative Update (Environment and Organizational Capacity)

To complete this section, follow the steps below:

1. Provide a narrative description for the Environment, and Organization Capacity sections ([Figure 23](#), [Box 1, 2](#)).
2. Click the **Save and Continue** button to proceed to the **Patient Capacity and Supplemental Awards** section, OR click the **Save** button at the bottom of the **Environment and Organization Capacity** section and select the **Patient Capacity and Supplemental Awards** tab below the **Resources** section ([Figure 24](#), [Box 1](#)).

### 3.6.2 Completing Patient Capacity and Supplemental Awards

The Patient Capacity and Supplemental Awards section of Program Narrative Update form consists of the following two sub-sections:

- [Patient Capacity](#) ([Figure 24](#), [Box 2](#))
- [Supplemental Awards](#) ([Figure 24](#), [Box 3](#))





In the **Patient Capacity** section, discuss the current trend in unduplicated patients, which is displayed in separate section under, served by comparing past patient numbers to the number of patients you projected by the end of the project period (**Figure 25**).

**Figure 25: Patient Capacity**

**Patient Capacity**

Referencing the % Change 2012-2014 Trend, % Change 2013-2014, and % Progress Toward Goal columns:

- Discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories.
- Explain key factors driving significant changes in patient numbers and any downward trends or limited progress towards the projected patient goals.

Notes:

- % Change and % Progress data are pre-populated calculations based on UDS reporting.
- If you completed a BPR in FY 2015, you can reference your Patient Capacity progress details via the following link: [FY 2015 BPR Progress Report](#)

Notes:

- 2012 – 2014 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients value is pre-populated from the Target Patient communicated to Authorizing Official, Business Official, and Project Director on May 21, 2015.

Project Period: (Pre-populated from most recent Notice of Award)

| 2012 Patient Number (1)     | 2013 Patient Number (2) | 2014 Patient Number (3) | % Change 2012-2014 Trend (4) | % Change 2013-2014 (5) | % Progress toward Goal (6) | Projected Number of Patients (7) | Patient Capacity Narrative (for Current Project Period: 4/1/2014 - 3/31/2017) |
|-----------------------------|-------------------------|-------------------------|------------------------------|------------------------|----------------------------|----------------------------------|---|
|                             |                         |                         |                              |                        |                            |                                  | Approximately 2 pages (4) (Max 3000 Characters): 3000 Characters left.        |
| Total Unduplicated Patients |                         |                         |                              |                        |                            |                                  |   |

Notes:

- The Projected Number of Patients column is pre-populated from the patient projection in the application that initiated your current project period (SAC/NAP) plus selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the [BPR Technical Assistance Webpage](#) for details on the selected supplemental funding patient projections included based on when you last completed a SAC application.
- If pre-populated patient projections are not accurate, provide adjusted projections and explanation in the Patient Capacity Narrative section.
- % Change and % Progress data are pre-populated calculations based on UDS reporting.
- 2014 public housing patient data are pre-populated from UDS. Since the 2012 and 2013 public housing patient data were not included in Table 4 of the UDS Report, these data are pre-populated from the FY 2015 NCC/BPR progress report, if available. If data are not provided in these cells, provide FY 2013 public housing patient numbers, as applicable, from your health center data.

Project Period: (Pre-populated from most recent Notice of Award)

| 2012 Patient Number (1)                                   | 2013 Patient Number (2) | 2014 Patient Number (3) | % Change 2012-2014 Trend (4) | % Change 2013-2014 Trend (5) | % Progress toward Goal (6) | Projected Number of Patients (7) | Patient Capacity Narrative (for Current Project Period: 4/1/2014 - 3/31/2017) |
|---|-------------------------|-------------------------|------------------------------|------------------------------|----------------------------|----------------------------------|---|
|   |                         |                         |                              |                              |                            |                                  | Approximately 2 pages (4) (Max 3000 Characters): 3000 Characters left.        |
| Total Migratory and Seasonal Agricultural Worker Patients |                         |                         |                              |                              |                            |                                  |   |
|   |                         |                         |                              |                              |                            |                                  | Approximately 2 pages (4) (Max 3000 Characters): 3000 Characters left.        |
| Total People Experiencing Homelessness Patients           |                         |                         |                              |                              |                            |                                  |   |
|   |                         |                         | Data not available           | Data not available           | Data not available         |                                  | Approximately 2 pages (4) (Max 3000 Characters): 3000 Characters left.        |
| Total Public Housing Resident Patients                    |                         |                         |                              |                              |                            |                                  |   |
|   |                         |                         | Data not available           |                              |                            |                                  | Approximately 2 pages (4) (Max 3000 Characters): 3000 Characters left.        |

To complete this section, follow the steps below:

1. Review the numbers populated in the **2012 Patient Numbers**, **2013 Patient Numbers**, and **2014 Patient Numbers** columns (**Figure 25**, **Boxes 1, 2, 3**). These numbers are populated from the 2012, 2013 and 2014 UDS Reports, respectively, that you submitted to HRSA.
2. In the **2012 Patient Numbers** and **2013 Patient Numbers** column for the Total Public Housing Residents Patients category (**Figure 25**, **Box 4**), provide patient numbers, as applicable, from your health center data.

- For the Total Public Housing Residents Patients category, review the numbers populated in the **2014 Patient Numbers** columns ([Figure 25, Box 5](#)). These numbers are populated from the FY 2014 UDS report that you submitted to HRSA.

**IMPORTANT NOTES:**

- If you submitted the 2012, 2013, and 2014 UDS Reports, the system pre-populates the **2012 Patient Numbers**, **2013 Patient Numbers**, and **2014 Patient Numbers** columns with data from Table 4 of the respective UDS Reports. Otherwise, the system displays 'Data not available' under these columns.
- For the **2012 Patient Numbers** and **2013 Patient Numbers** column, you may provide Total Public Housing Residents Patients data, as applicable.
- Since Table 4 of the UDS Report does not collect information for the Public Housing Residents target population, the system populates the information in the **2014 Patient Numbers** from the FY 2014 UDS report if you submitted it. Otherwise, the system displays 'Data not available' under these columns.

- Review the numbers populated in the **Projected Number of Patients** column ([Figure 25, Box 6](#)). These numbers represent the Projected at End of Project Period values pre-populated from the Target Patient communicated to Authorizing Official, Business Official, and Project Director on May 21, 2015.

**IMPORTANT NOTE:** To view the patient numbers included in the Projected Number of Patients column, hover over the information icon displayed with the number ([Figure 25, Box 7](#)).

- Review the values displayed in the **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** columns ([Figure 25, Boxes 8, 9, 10](#)). The system calculates these values using the numbers displayed in the **2012 Patient Numbers**, **2013 Patient Numbers**, and **2014 Patient Numbers** columns.

**IMPORTANT NOTES:**

- To view the formula used to calculate **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** values, hover over the information icons displayed with these column names.
- If data is not available for the **2012 Patient Numbers**, **2013 Patient Numbers**, or **2014 Patient Numbers** columns for a patient category, the system displays 'Data not available' for **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** column, if used in the formula, for that patient category.
- The system calculates the **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** columns for the Total Public Housing Residents Patients category only when you provide data in 2014 Patient Numbers column for this category. Otherwise, the system displays 'Data not available' in these columns for the Total Public Housing Residents Patients category.

- In the **Patient Capacity Narrative** column ([Figure 25, Box 11](#)), provide a narrative describing your progress for each patient category by referencing the numbers displayed in the **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** columns. If pre-populated patient numbers or projections are not accurate, adjusted projections should also be provided and explained in the Patient Capacity Narrative column.



In the **Supplemental Awards** section, discuss the progress made towards implementing the H80 supplemental awards that you received in the current budget period (**Figure 26**).

**Figure 26: Supplemental Awards**

**Supplemental Awards**

• Discuss progress made in implementing recent supplemental Health Center Program awards. For each of the following, as applicable, provide current data in the Numeric Progress Toward Goal column. In the Supplemental Award Narrative column, describe:

- Progress toward goals;
- Key contributing and restricting factors impacting progress toward goals; and
- Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

| Type of Supplemental Award  | Programmatic Goal <b>1</b>   | Numeric Goal (if applicable) <b>2</b> | Numeric Progress toward goal (as applicable) <b>10</b> | Supplemental Award Narrative <b>11</b>                                   |
|---|--|---------------------------------------|--|--|
| FY 2013 NAP Satellite Grant <b>3</b>                              | Achieve operational status and increase number of patients                       | Not Applicable                        | Not Applicable   | Approximately 2 pages (Max 3000 Characters): <b>3000</b> Characters left |
| FY 2014 NAP Satellite Grant <b>4</b>                              | Achieve operational status and increase number of patients                       | Not Applicable                        | Not Applicable   | Approximately 2 pages (Max 3000 Characters): <b>3000</b> Characters left |
| FY 2015 NAP Satellite Grant <b>5</b>                              | Achieve operational status and increase number of patients                       | Not Applicable                        | Not Applicable   | Approximately 2 pages (Max 3000 Characters): <b>3000</b> Characters left |
| FY 2014 Behavioral Health Integration (BHI) Supplemental <b>6</b> | Increase the number of patients with access to integrated behavioral health care | Not Applicable                        | Not Applicable   | Approximately 2 pages (Max 3000 Characters): <b>3000</b> Characters left |
| FY 2015 Behavioral Health Integration (BHI) Supplemental <b>7</b> | Increase the number of patients with access to integrated behavioral health care | Not Applicable                        | Not Applicable   | Approximately 2 pages (Max 3000 Characters): <b>3000</b> Characters left |
| FY 2014 Expanded Services (ES) Supplemental <b>8</b>              | Increase the number of patients and expanded services                            | Unduplicated Patients: 850            |  | Approximately 2 pages (Max 3000 Characters): <b>3000</b> Characters left |
| FY 2015 Expanded Services (ES) Supplemental <b>9</b>              | Increase the number of patients and expanded services                            | Not Applicable                        | Not Applicable   | Approximately 2 pages (Max 3000 Characters): <b>3000</b> Characters left |

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To complete this section, follow the steps below:

7. Review the information provided under the **Programmatic Goal** column (**Figure 26, Box 1**).
8. Review the numbers provided under the **Numeric Goal** column for all the supplemental awards that you received (**Figure 26, Box 2**).

**IMPORTANT NOTES:**

- The numbers displayed in the **Numeric Goal** column are pre-populated from the awarded supplemental application. The system displays 'Not Applicable' in the **Numeric Goal** column for any supplemental awards that you did not receive.
- For the **FY 2013, FY 2014, and FY 2015 New Access Points (NAP) Satellite Grant** awards (**Figure 26, Boxes 3, 4, 5**), the system pre-populates the total number of patients projected at the end of the project period from **Form 1A** of the related NAP application.
- For the **FY 2014 Behavioral Health Integration (BHI) Supplemental** award (**Figure 26, Box 6**) and **FY 2015 Behavioral Health Integration (BHI) Supplemental** award (**Figure 26, Box 7**) the system pre-populates the total number of patients projected at the end of the project period from **Form 1A** of the related BHI application.
- For the **FY 2014 Expanded Services (ES) Supplemental** award (**Figure 26, Box 8**) and **FY 2015 Expanded Services (ES) Supplemental** award (**Figure 26, Box 9**), the system pre-populates the total number of new patients to receive expanded services (across all services proposed for expansion), from the **Consolidated Proposal Information** form of the related ES application.

9. In the **Numeric Progress Toward Goal** column ([Figure 26](#), [Box 10](#)), you may report numeric progress for the awarded supplemental application. The system displays 'Not Applicable' in this column for any supplemental awards that you did not receive.
10. In the **Supplemental Award Narrative** column ([Figure 26](#), [Box 11](#)), provide narrative progress towards goals for each award that you received. Describe the key contributing and restricting factors toward meeting the goals, and plans for sustaining progress or overcoming barriers. Comments are not required for awards you did not receive (leave blank or write Not Applicable).
11. Click the **Save and Continue** button to proceed to the **Clinical/Financial Performance Measures** section, OR click the **Save** button at the bottom of the **Patient Capacity and Supplemental Awards** section and select the **Clinical/Financial Performance Measures** tab below the **Resources** section ([Figure 27](#), [Box 1](#)).

### 3.6.3 Completing Clinical/Financial Performance Measures

In the **Clinical/Financial Performance Measures** section, discuss the trends and report progress for the performance measures listed in the following categories:

- Perinatal Health ([Figure 27](#), [Box 2](#))
- Preventive Health Screenings and Services ([Figure 27](#), [Box 3](#))
- Chronic Disease Management ([Figure 28](#), [Box 4](#))
- Financial Measures ([Figure 28](#), [Box 5](#))
- Other Measures ([Figure 28](#), [Box 6](#))

Figure 27: Clinical/Financial Performance Measures (Part 1)

**Program Narrative Update - Clinical/Financial Performance Measures**

**Note(s):**  
 Describe the progress made from the beginning of a grantee's FY 2015 budget period until the date of date of BPR submission, the expected progress for the remainder of the budget period, and any projected changes for the FY 2016 budget period.

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Fields with \* are required

Environment and Organizational Capacity Patient Capacity and Supplemental Awards **Clinical/Financial Performance Measures** <sup>1</sup>

**Clinical/Financial Performance Measures**

\* Referencing the % Change 2012-2014 Trend, % Change 2013-2014, and % Progress Toward Goal columns:

- Discuss the trends in clinical/financial performance measures and report progress in reaching the projected goals by the end of the project period in the identified categories.
- Explain significant changes in any of the performance measures listed under each of the five performance measure categories and discuss progress toward reaching the projected goals, including key factors impacting performance. Maintenance or improvement in performance is expected; decreasing trends or limited progress towards the projected goals must be explained.

**Notes:**

- If pre-populated performance measure goals are not accurate, adjusted goals should be provided and explained (e.g., goal for the diabetes measure has increased based on improved patient tracking via a new EHR) in the appropriate Measure Narrative section.
- Measure Goals are pre-populated from the Projected Data (by End of Project Period) Measure Goal from your FY 2015 SAC/NAP/BPR.
- For measures with no Projected Data provided in the FY 2015 SAC/NAP/BPR, provide a percentage goal for the end of the project period.

**Perinatal Health** <sup>2</sup>

| Performance Measure                      | 2012 Measures <sup>(1)</sup> | 2013 Measures <sup>(1)</sup> | 2014 Measures <sup>(1)</sup> | % Change 2012-2014 Trend <sup>(1)</sup> | % Change 2013-2014 Trend <sup>(1)</sup> | % Progress toward Goal <sup>(1)</sup> | Measure Goals |
|--|------------------------------|------------------------------|------------------------------|---|---|---------------------------------------|---------------|
| Access to prenatal care in 1st trimester | 100.00%                      | 100.00%                      | 100.00%                      | 0.00%                                   | 0.00%                                   | 100.00%                               | 100.00%       |
| Low birth weight (< 2500 grams)          | 10.00%                       | 10.00%                       | 10.00%                       | 0.00%                                   | 0.00%                                   | 100.00%                               | 10.00%        |

\* **Measure Narrative**

Approximately 2 pages <sup>(1)</sup> (Max 3000 Characters): 3000 Characters left.

**Preventive Health Screenings and Services** <sup>3</sup>

| Performance Measure   | 2012 Measures <sup>(1)</sup> | 2013 Measures <sup>(1)</sup> | 2014 Measures <sup>(1)</sup> | % Change 2012-2014 Trend <sup>(1)</sup> | % Change 2013-2014 Trend <sup>(1)</sup> | % Progress toward Goal <sup>(1)</sup> | Measure Goals      |
|---|------------------------------|------------------------------|------------------------------|---|---|---------------------------------------|--------------------|
| Weight assessment and counseling for children and adolescents (ages 2-17) | 100.00%                      | 100.00%                      | 100.00%                      | 0.00%                                   | 0.00%                                   | Data not available                    | 100.00%            |
| Adult weight screening and follow up                                      | 100.00%                      | 100.00%                      | 100.00%                      | 0.00%                                   | 0.00%                                   | 100.00%                               | 100.00%            |
| Tobacco Use Screening and Cessation                                       | Data not available           | Data not available           | 100.00%                      | Data not available                      | Data not available                      | Data not available                    |                    |
| Colorectal cancer screening (ages 50-75)                                  | 100.00%                      | 100.00%                      | 100.00%                      | 0.00%                                   | 0.00%                                   | Data not available                    | Data not available |
| Cervical cancer screening (ages 21-64)                                    | 100.00%                      | 100.00%                      | 100.00%                      | 0.00%                                   | 0.00%                                   | 100.00%                               | 100.00%            |
| Childhood immunizations (on or before 3rd birthday)                       | 100.00%                      | 100.00%                      | 100.00%                      | 0.00%                                   | 0.00%                                   | 100.00%                               | 100.00%            |

\* **Measure Narrative**

Approximately 2 pages <sup>(1)</sup> (Max 3000 Characters): 3000 Characters left.



Figure 28: Clinical/Financial Performance measures (Part 2)

Chronic Disease Management 4

| Performance Measure  | 2012 Measures      | 2013 Measures      | 2014 Measures | % Change 2012-2014 Trend | % Change 2013-2014 Trend | % Progress toward Goal | Measure Goals      |
|--|--------------------|--------------------|---------------|--------------------------|--------------------------|------------------------|--------------------|
| Asthma treatment – pharmacologic therapy (ages 5 – 40)                               | 88.1%              | 87.4%              | 88.8%         | 1.7%                     | 1.4%                     | 75.0%                  | 80.0%              |
| Coronary artery disease (CAD) and lipid-lowering therapy (adult)                     | 88.8%              | 88.0%              | 88.8%         | 1.0%                     | 0.8%                     | Data not available     | Data not available |
| Ischemic Vascular Disease (IVD) and aspirin or other anti-thrombotic therapy (adult) | 88.8%              | 88.7%              | 88.7%         | 0.0%                     | 0.0%                     | Data not available     | Data not available |
| Blood pressure control (adult hypertensive patients with blood pressure < 140/90)    | 88.8%              | 88.7%              | 88.8%         | 0.1%                     | 0.1%                     | 80.0%                  | 80.0%              |
| Diabetes control (diabetic patients ages 18-75 with HbA1c <8%, ≤9%, or >9%)          | Data not available | Data not available | 88.8%         | Data not available       | Data not available       | 80.0%                  | 80.0%              |
| HIV Linkage to Care  | Data not available | Data not available | 88.8%         | Data not available       | Data not available       | Data not available     |                    |
| Depression Screening and Follow Up   | Data not available | Data not available | 88.8%         | Data not available       | Data not available       | Data not available     |                    |

Measure Narrative  
 Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Financial Measures 5

| Performance Measure                          | 2012 Measures      | 2013 Measures      | 2014 Measures | % Change 2012-2014 Trend | % Change 2013-2014 Trend | % Progress toward Goal | Measure Goals |
|--|--------------------|--------------------|---------------|--------------------------|--------------------------|------------------------|---------------|
| Total cost per patient                       | 151.4071           | 151.4071           | 151.4071      | 0.0%                     | 0.0%                     | 75.0%                  | Ratio         |
| Medical cost per medical visit               | 151.4071           | 151.4071           | 151.4071      | 0.0%                     | 0.0%                     | 75.0%                  | Ratio         |
| Health Center Program Grant Cost Per Patient | Data not available | Data not available | 151.4071      | Data not available       | Data not available       | Data not available     |               |

Measure Narrative  
 Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Note(s):

- If any of the Other Measures listed below are not applicable to you at this time, answer 'No' to the question 'Is this Performance Measure applicable?'. Otherwise, answer 'Yes'.
- You must select 'Yes' as your answer to the question 'Is this Performance Measure applicable?' for at least one 'Oral Health' related measure.

Other Measures

| Performance Measure  | 2012 Measures | 2013 Measures | 2014 Measures | % Change 2012-2014 Trend | % Change 2013-2014 Trend | % Progress toward Goal | Measure Goals | Is This Performance Measure Applicable?                          |
|--|---------------|---------------|---------------|--------------------------|--------------------------|------------------------|---------------|--|
| (Financial Viability) Claims Billed Daily  |               |               |               | Data not available       | Data not available       | Data not available     | Ratio         | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| (Oral Health) Increase the percentage of prenatal patients seen by the dentist and have a management plan for care |               |               |               | Data not available       | Data not available       | Data not available     | 80.0%         | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| (Financial Viability) Ratio of charges to Reimbursable cost  |               |               |               | Data not available       | Data not available       | Data not available     | 80.0%         | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |

Measure Narrative  
 Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Go to Previous Page

Save Save and Continue

**IMPORTANT NOTE:** The measures listed under all the categories EXCEPT the Other Measures category are pre-defined. The measures listed under the Other Measures category are the Behavioral Health and Oral Health related clinical measures, and any other additional clinical or financial measures that you may have proposed in the current budget period. The Other Measures are not required.

Follow the steps provided in section [3.7.5, Accessing your submitted H80 Applications/Progress Reports](#) to access the applications/progress reports from where the Other Measures are populated.

**Figure 29: Preventive Health Screenings and Services sub-section of the Clinical/Financial Performance Measures section**

| Performance Measure   | 2012 Measures <sup>(1)</sup> | 2013 Measures <sup>(1)</sup> | 2014 Measures <sup>(1)</sup> | % Change 2012-2014 Trend <sup>(4)</sup> | % Change 2013-2014 Trend <sup>(5)</sup> | % Progress toward Goal <sup>(6)</sup> | Measure Goals <sup>(7)</sup> |
|---|------------------------------|------------------------------|------------------------------|---|---|---------------------------------------|------------------------------|
| Weight assessment and counseling for children and adolescents (ages 2-17) | 14,387                       | 15,744                       | 16,714                       | 1.1%                                    | 1.1%                                    | Data not available                    | 100%                         |
| Adult weight screening and follow up                                      | 10,000                       | 10,000                       | 10,000                       | 0.0%                                    | 0.0%                                    | 100%                                  | 100%                         |
| Tobacco Use Screening and Cessation                                       | Data not available           | Data not available           | 15,000                       | Data not available                      | Data not available                      | Data not available                    |                              |
| Colorectal cancer screening (ages 50-75)                                  | 14,387                       | 17,000                       | 18,000                       | 25.0%                                   | 5.9%                                    | Data not available                    | Data not available           |
| Cervical cancer screening (ages 21-64)                                    | 10,714                       | 11,000                       | 12,714                       | 1.8%                                    | 15.6%                                   | 75.0%                                 | 100%                         |
| Childhood immunizations (on or before 3rd birthday)                       | 15,000                       | 16,714                       | 18,000                       | 21.4%                                   | 7.2%                                    | 100%                                  | 100%                         |

• **Measure Narrative**  
 Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

To complete this section, follow the steps below:

1. Review the numbers populated in the **2012 Patient Numbers**, **2013 Patient Numbers**, and **2014 Patient Numbers** columns (Figure 29, Boxes 1, 2, 3). These numbers are populated from the 2012, 2013, and 2014 UDS Reports, respectively, that you submitted to HRSA.

#### IMPORTANT NOTES:

- If you submitted the 2012, 2013, and 2014 UDS Reports, the system pre-populates the **2012 Measure**, **2013 Measure**, and **2014 Measure** columns from the respective UDS Reports. Otherwise, the system displays 'Data not available' under these columns.
- For the following measures listed under the Financial Measures sub-section, the system pre-populated the **2012 Measure** and **2013 Measure** columns with data from your 2012 and 2013 audit reports respectively: **Change in Net Assets to Expense Ratio**, **Working Capital to Monthly Expense Ratio**, and **Long Term Debt to Equity Ratio**. If you did not submit these reports, the system displays 'Data not available' under these columns.
- For the measures listed under the Other Measures sub-section, provide information in the **2012 Measure**, **2013 Measure**, and **2014 Measure** columns, as applicable.

2. Review the values displayed in the **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** columns (Figure 29, Boxes 4, 5, 6). The system calculates these values using the numbers displayed in the **2012 Measure**, **2013 Measure**, and **2014 Measure** columns.

#### IMPORTANT NOTES:

- To view the formula used to calculate **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** values, hover over the information icons displayed in these column names.
- If data is not available for the **2012 Measure**, **2013 Measure**, or **2014 Measure** columns for a performance measure, the system displays 'Data not available' for **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** columns, if used in the formula, for that performance measure.
- The system calculates the **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** columns for the last three financial performance measures, and all the performance measures listed under the Other Measures sub-section only when you provide data in the **2012**

**Measure, 2013 Measure, or 2014 Measure** columns. Otherwise, the system displays 'Data not available' under these columns for these performance measures.

- Review the numbers populated in the **Measure Goals** column (**Figure 29, Box 7**). These numbers are populated with the **Projected Data (at the End of Project Period)** provided in the **Clinical and Financial Performance Measures** forms of the H80 SAC or NAP application that initiated your current budget period. If a FY 2015 NCC/BPR progress report initiated your current budget period, these numbers are populated from the Program Narrative Update form of that progress report.

**IMPORTANT NOTES:** The following performance measures have been newly introduced in the FY 2016 NCC/BPR progress reports:

- Oral Health
- Health Center Program Grant Cost per Patient
- HIV Cases with Timely Follow Up has been renamed HIV Linkage to Care

You must provide a percentage goal that does not exceed 100%, for the end of the project period in the **Measure Goals** column for these performance measures (**Figure 29, Box 8**).

- In the Other Measures sub-section only, the system displays the column '**Is this Performance Measure Applicable?**' (**Figure 30, Box 1**). Answer Yes or No under this column to indicate if the measures are applicable to you in FY 2015.

**IMPORTANT NOTES:** You must select 'Yes' under the '**Is this Performance Measure Applicable?**' column for at least one Oral Health related performance measure. The focus areas for all the 'Other' performance measures are included in the measures description under the Performance Measure column (**Figure 30, Box 2**).

**Figure 30: Other Measures sub-section**

| Performance Measure   | 2012 Measures | 2013 Measures | 2014 Measures | % Change 2012-2014 Trend (1) | % Change 2013-2014 Trend (1) | % Progress toward Goal (1) | Measure Goals | Is This Performance Measure Applicable? |
|-----------------------|---------------|---------------|---------------|------------------------------|------------------------------|----------------------------|---------------|---|
| (Financial Viability) |               |               |               | Data not available           | Data not available           | Data not available         | Ratio         | Yes No                                  |
| (Oral Health)         |               |               |               | Data not available           | Data not available           | Data not available         | Ratio         | Yes No                                  |
| (Financial Viability) |               |               |               | Data not available           | Data not available           | Data not available         | Ratio         | Yes No                                  |

• Measure Narrative (3)  
 Approximately 2 pages (1) (Max 3000 Characters): 3000 Characters left.

Go to Previous Page Save Save and Continue

- In the **Measure Narrative** field (**Figure 30, Box 3**), provide a narrative describing your progress for each performance measure sub-section by referencing the numbers displayed in the **% Change 2012-2014 Trend**, **% Change 2013-2014 Trend**, and **% Progress Toward Goal** columns. If pre-populated performance measure goals are not accurate, adjusted goals should also be provided and explained in the Measure Narrative field.

### 3.6.4 Completing the Program Narrative Update form

The **Program Narrative Update** form will be complete when the status of all the 3 sections is complete. The completed status of all these sections is indicated with a green tick mark ( ✓ icon) in the section tabs (Figure 31).

Figure 31: Completed Program Narrative Update sections

Fields with \* are required

✓ Environment and Organizational Capacity ✓ Patient Capacity and Supplemental Awards ✓ Clinical/Financial Performance Measures

▼ Environment

### 3.6.5 Accessing your submitted H80 Applications/Progress Reports

You may need to reference your submitted H80 applications/progress reports when completing your FY 2016 NCC/BPR progress report (e.g., to provide Oral Health and Behavioral Health measures data in the Clinical/Financial Performance Measures section of the **Program Narrative Update** form). You can access your submitted H80 applications/progress reports through the H80 Grant Folder by following the steps below:

1. Click the **Grants** tab located at the top of the **Program Narrative Update** form to access your Grant Portfolio (Figure 32).

Figure 32: Grants Tab



2. Locate the H80 grant for which you are submitting the NCC progress report and click on its **Grant Folder** link (Figure 33).

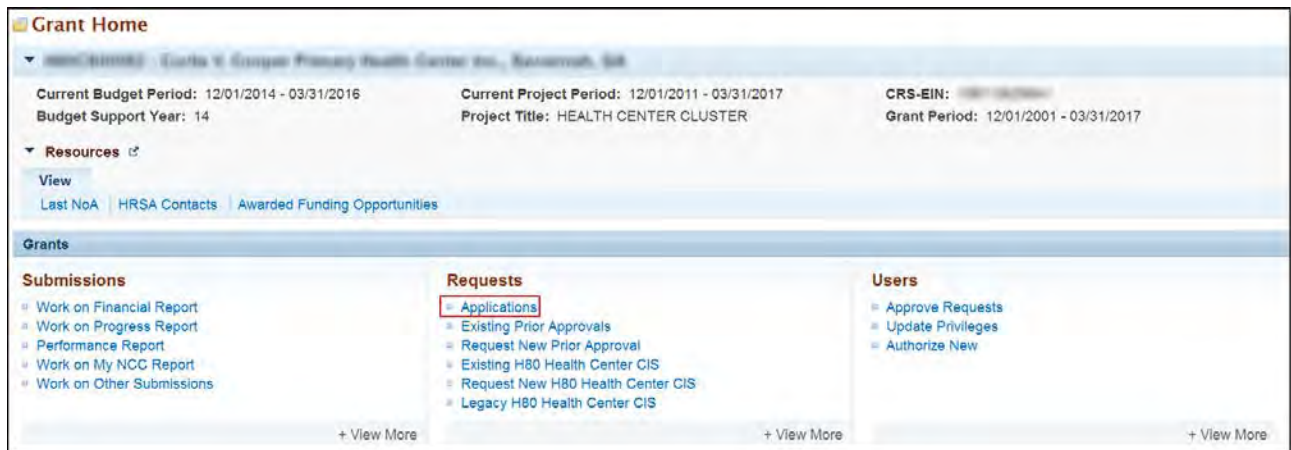
Figure 33: Accessing the H80 Grant Folder

| Grant Number | Organization Name                           | Current Budget Period | Current Project Period End Date | CRS-EIN    | Grant Role | Grant Active | Last Award Issue Date | Options             |
|--------------|---|-----------------------|---------------------------------|------------|------------|--------------|-----------------------|---------------------|
| H80-123456   | South-Central Community Health Center, Inc. | 12/01/2014-03/31/2016 | 03/31/2017                      | 1234567890 | PD         | Yes          | 06/10/2015            | <b>Grant Folder</b> |
| H80-123457   | South-Central Community Health Center, Inc. | 09/01/2014-08/31/2016 | 08/31/2016                      | 1234567890 | PD         | Yes          | 03/09/2015            | Grant Folder        |

3. To access the H80 applications submitted by your organization, follow the steps below:
  - A. Click the **Applications** link under the **Requests** section on the **Grant Home** page (Figure 34).

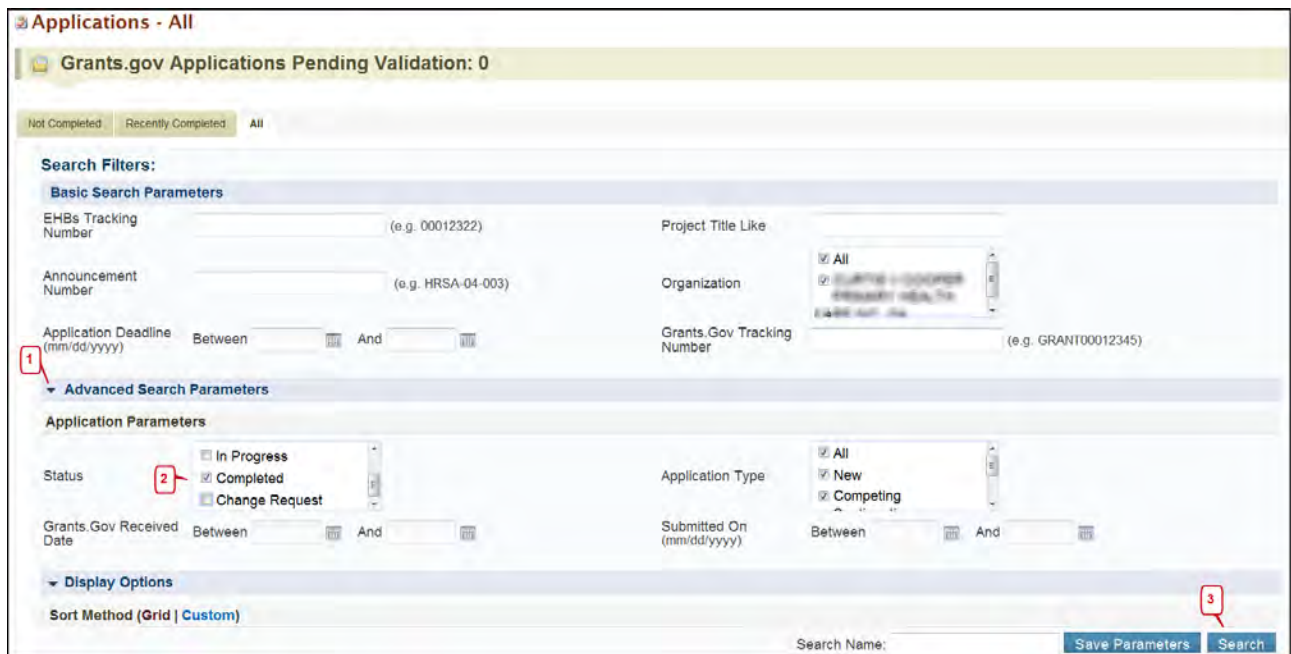


Figure 34: Applications link



- The system navigates to the **Applications - All** search page (Figure 35).
- B. Expand the **Advanced Search Parameters** section of the **Applications - All** search page by clicking the arrow icon (Figure 35, Box 1). In the Status field under this section, un-select all the statuses except Completed (Figure 35, Box 2).

Figure 35: Applications - All search page



- C. Click the **Search** button located at the bottom of this page to access the completed applications (Figure 35, Box 3).
- The system navigates to the **Applications - All** results page displaying all the completed applications submitted for the H80 grant.

- D. Locate the applicable Service Area Competition (SAC) or New Access Point (NAP) applications and click the [Application](#) link to access the program specific forms ([Figure 36](#)).

**Figure 36: Applications - All results page**

| Application Deadline | Date Submitted | Announcement #     | EHBS Tracking # | Grants.Gov Tracking # | Project Title   | Organization | Status    | Options                            |
|----------------------|----------------|--------------------|-----------------|-----------------------|---|--------------|-----------|------------------------------------|
| 01/23/2010           | 01/23/2010     | HRSA-10-154        |                 |                       | Expanding Access to Oral Health for Low-Income and Special Needs Populations: Service Area (HRSA 10-154)                                      |              | Completed | <a href="#">Application</a>        |
| 01/30/2010           | 01/28/2010     | HRSA-10-156        |                 |                       | Services Expansion 2010 (HRSA 10-156)   |              | Completed | <a href="#">Application</a>        |
| 03/16/2010           | 03/12/2010     | HRSA-10-218        |                 | N/A                   | ARRA - Increase Services to Health Centers  |              | Completed | <a href="#">Application</a>        |
| 06/02/2010           | 05/29/2010     | HRSA-10-244        |                 | N/A                   | ARRA - Capital Improvement Program  |              | Completed | <a href="#">Application</a>        |
| 08/06/2010           | 08/04/2010     | HRSA-10-029        |                 | N/A                   | ARRA - Facility Investment Program  |              | Completed | <a href="#">Application</a>        |
| 01/25/2012           | 01/18/2012     | HRSA-12-148        |                 | N/A                   | Health Center Cluster   |              | Completed | <a href="#">Application</a>        |
| 08/29/2012           | 08/24/2012     | <b>HRSA-12-088</b> |                 |                       | <b>Service Area Competition (SAC) HRSA 12-088</b>   |              | Completed | <b><a href="#">Application</a></b> |
| 11/09/2011           | 11/07/2011     | HRSA-12-115        |                 |                       | Affordable Care Act Capital Development - Building Capacity Grant Program "Expanding Access to the Patient-Centered Primary Care Home in East |              | Completed | <a href="#">Application</a>        |

4. To access the H80 Noncompeting Continuation progress reports (NCCs/BPRs) submitted by your organization, follow the steps below:
- A. Navigate to the **H80 Grant Folder** by clicking the Grants tab at the top of the page and then clicking the [Grant Folder](#) link for the applicable H80 grant (refer to steps 1 and 2 of this section). Click the [Work on My NCC Report](#) link under the **Submissions** section on the **Grant Home** page ([Figure 37](#)).

**Figure 37: Work on My NCC Report link**

**Grant Home**

Current Budget Period: 12/01/2014 - 03/31/2016  
 Budget Support Year: 14

Current Project Period: 12/01/2011 - 03/31/2017  
 Project Title: [Project Title]

CRS-EIN: [CRS-EIN]  
 Grant Period: 12/01/2001 - 03/31/2017

**Resources**

[View](#)

[Last NoA](#) | [HRSA Contacts](#) | [Awarded Funding Opportunities](#)

**Grants**

**Submissions**

- [Work on Financial Report](#)
- [Work on Progress Report](#)
- [Performance Report](#)
- [Work on My NCC Report](#)**
- [Work on Other Submissions](#)

[+ View More](#)

**Requests**

- [Applications](#)
- [Existing Prior Approvals](#)
- [Request New Prior Approval](#)
- [Existing H80 Health Center CIS](#)
- [Request New H80 Health Center CIS](#)
- [Legacy H80 Health Center CIS](#)

[+ View More](#)

**Users**

- [Approve Requests](#)
- [Update Privileges](#)
- [Authorize New](#)

[+ View More](#)

- The system navigates to the **Submissions - All** page displaying all the non-Competing continuation progress reports for the H80 grant.



- B. Locate the applicable NCC progress report(s) and click the [Noncompeting Continuations](#) link to access the program specific forms ([Figure 38](#)).

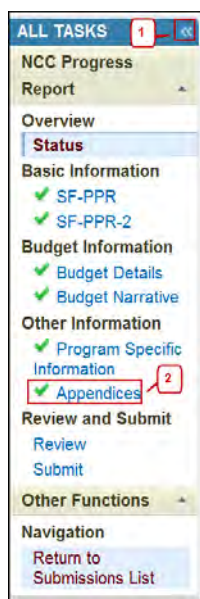
**Figure 38: Submissions - All page**

| Submission Name                           | Submission Type            | Organization                                 | Grant # | Tracking # | Reporting Period | Deadline   | Submitted Date | Status      | Options                                    |
|---|----------------------------|--|---------|------------|------------------|------------|----------------|-------------|--|
| Noncompeting Continuation Progress Report | Noncompeting Continuations | Health Resources and Services Administration | H801    |            | 04/01/2016       | 01/02/2016 |                | Not Started | <a href="#">Start</a>                      |
| Noncompeting Continuation Progress Report | Noncompeting Continuations | Health Resources and Services Administration | H801    |            | 12/01/2014       | 08/27/2014 | 08/27/2014     | Submitted   | <a href="#">Noncompeting Continuations</a> |
| Noncompeting Continuation Progress Report | Noncompeting Continuations | Health Resources and Services Administration | H801    |            | 12/01/2013       | 09/11/2013 | 09/11/2013     | Submitted   | <a href="#">Noncompeting Continuations</a> |
| Noncompeting Continuation Progress Report | Noncompeting Continuations | Health Resources and Services Administration | H801    |            | 12/01/2012       | 08/29/2012 | 08/28/2012     | Submitted   | <a href="#">Noncompeting Continuations</a> |
| Noncompeting Continuation Progress Report | Noncompeting Continuations | Health Resources and Services Administration | H801    |            | 12/01/2010       | 08/20/2010 | 08/20/2010     | Submitted   | <a href="#">Noncompeting Continuations</a> |

## 4. Completing the Appendices Form

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page ([Figure 39, Box 1](#)). Click on the [Appendices](#) link ([Figure 39, Box 2](#)) to navigate to the **Appendices** form.

**Figure 39: Left Navigation Menu**



2. The **Appendices** form allows you to attach standard documents that your grant program requires when you submit your Progress Report.

**Note:** Attachments are **not** required for FY 2016 NCC/BPR Progress Report.

- Without uploading any attachments, click on the **Save** button to mark this form as Complete. Click on **Save and Continue** button to navigate to the **NCC Progress Report - Review** page.

## 5. Reviewing and Submitting the FY 2016 NCC/BPR Progress Report to HRSA

To review your progress report, follow the steps below:

- If you are in the program specific section of the progress report, navigate to the standard section of the progress report by using one of the following options:
  - Click on the **NCC Progress Report** link in the navigation links displayed at the top of any program specific form (**Figure 40, Box 1**).
  - On the program specific **Status Overview** page, click on the **Return to Complete Status** button (**Figure 40, Box 2**).

**Figure 40: Accessing the standard section of the NCC progress report**

The screenshot displays the 'Status Overview' page for the NCC Progress Report. The top navigation bar includes a breadcrumb trail: 'You are here: Home » Tasks » Browse » **NCC Progress Report** » Program Specific Information'. A red box labeled '1' highlights the 'NCC Progress Report' link. The left sidebar contains a 'TASKS' menu with options like 'Program Specific Information', 'Overview', 'Program Specific Status', 'Budget Information', 'Sites and Services', 'Other Forms', 'Review', 'Program Specific Forms', 'All Forms', 'Overview', and 'Appendices'. The main content area shows a table titled 'Program Specific Information Status' with columns for 'Section', 'Status', and 'Options'. The table lists various forms and their completion status, such as 'Form 3 - Income Analysis' (Not Started), 'Form 5A - Services Provided' (Not Complete), 'Required Services' (Complete), 'Additional Services' (Not Started), 'Form 5B - Service Sites' (Not Started), 'Form 5C - Other Activities/Locations' (Complete), 'Scope Certification' (Not Started), 'Program Narrative Update' (Not Started), 'Environment and Organizational Capacity' (Not Started), 'Patient Capacity and Supplemental Awards' (Not Started), and 'Clinical/Financial Performance Measures' (Not Started). Each row has an 'Update' button. A red box labeled '2' points to the 'Return to Complete Status' button at the bottom left of the table.

- The system navigates to the **NCC Progress Report - Status Overview** page (**Figure 41**).
- On the **NCC Progress Report - Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 41, 1**).

Figure 41: Review link

**NCC Progress Report - Status Overview**

**Note(s):**  
 The table below shows the status of the progress report. The progress report is currently **COMPLETE** and can be submitted in its current state.

**Resources**  
 View  
[NCC Progress Report](#) [Last NoA](#) [Program Instructions](#) [NCC User Guide](#)

**Users with Permissions on NCC Progress Report (4)**

| Section                            | Status       | Options                |
|------------------------------------|--------------|------------------------|
| Basic Information                  | Not Started  | <a href="#">Update</a> |
| SF-PPR                             | Not Started  | <a href="#">Update</a> |
| SF-PPR-2 (Cover Page Continuation) | Not Started  | <a href="#">Update</a> |
| Budget Information                 | Not Started  | <a href="#">Update</a> |
| Budget Details                     | Not Started  | <a href="#">Update</a> |
| Support Year                       | Not Started  | <a href="#">Update</a> |
| Budget Narrative                   | Not Started  | <a href="#">Update</a> |
| Other Information                  | Not Started  | <a href="#">Update</a> |
| Program Specific Information       | Not Complete | <a href="#">Update</a> |
| Appendices                         | Not Started  | <a href="#">Update</a> |

- The system navigates to the **NCC Progress Report - Review** page.
- 3. Verify the information displayed on the **NCC Progress Report - Review** page.
- 4. If you are ready to submit the progress report to HRSA, click the **Proceed to Submit** button at the bottom of the **Review** page (Figure 42, Box 1).

Figure 42: Proceed to Submit button on the NCC Progress Report - Review page

**NCC Progress Report - Review**

**Resources**  
 View  
[NCC Progress Report](#) [Last NoA](#) [Program Instructions](#) [NCC User Guide](#)

**Print NCC Progress Report** [Table of Contents](#) [Go](#)

Page size: 50 Go

| View                               | Section                                    | Type | Options                    |
|------------------------------------|--|------|----------------------------|
| View: Basic Information            |  |      |                            |
| Basic Information                  | SF-PPR                                     | HTML | <a href="#">View</a>       |
| Basic Information                  | SF-PPR-2 (Cover Page Continuation)         | HTML | <a href="#">View</a>       |
| View: Budget Information           |  |      |                            |
| Budget Information                 | SF-424A Budget Information (Standard Form) | HTML | <a href="#">View</a>       |
| View: Program Specific Information |  |      |                            |
| Program Specific Information       | Program Specific OMB Approved Forms        | HTML | <a href="#">Open Popup</a> |

Page size: 50 Go

[Go to Previous Page](#) **1** [Proceed to Submit](#)

- The system navigates to the **NCC Progress Report - Submit** page (Figure 43).

Figure 43: NCC Progress Report - Submit page

**NCC Progress Report - Submit**

**Note(s):**  
 The table below shows the status of the progress report. The progress report is currently **COMPLETE**.

**NCC Progress Report Tracking #:** 1801171028 **Due Date:** 11/15/2016 **(Due In: 114 Days) | Status:** In Progress

**Grant Number:** H80CS-10000 **Original Deadline:** 11/15/2016 **Created On:** 11/15/2016  
**Project Officer:** [Name] **Project Officer Email:** [Email] **Project Officer Contact #:** [Phone]  
**Last Updated By:** [Name] **Last Updated On:** 11/15/2016

**Resources**

**View**  
[NCC Progress Report](#) [Last NoA](#) [Program Instructions](#) [NCC User Guide](#)

**Users with Permissions on NCC Progress Report (2)**

| NCC Progress Report Status         |          |         |
|------------------------------------|----------|---------|
| Section                            | Status   | Options |
| Basic Information                  | Complete | Update  |
| SF-PPR                             | Complete | Update  |
| SF-PPR-2 (Cover Page Continuation) | Complete | Update  |
| Budget Information                 |          |         |
| Budget Details                     | Complete |         |
| Support Year                       | Complete | Update  |
| Budget Narrative                   | Complete | Update  |
| Other Information                  |          |         |
| Program Specific Information       | Complete | Update  |
| Appendices                         | Complete | Update  |

[Cancel](#) 1 Submit to HRSA

5. Click the **Submit to HRSA** button at the bottom of the **Submit** page (Figure 43, Box 1).
  - The system navigates to a **NCC Progress Report - Confirm Submit** page (Figure 44).

Figure 44: NCC Progress Report - Confirm Submit page

**NCC Progress Report - Confirm Submit**

**Confirmation:**  
 You have chosen to submit this report to HRSA. Please check the box to electronically sign the Noncompeting Continuation (NCC) Progress Report. Click on the **Submit Report** button below to submit the report. If you do not wish to submit the NCC Progress Report at this time, click on the **Cancel** button to return to the previous screen.

**NCC Progress Report Tracking #:** 1801171028 **Due Date:** 11/15/2016 **(Due In: 114 Days) | Status:** In Progress

**Grant Number:** H80CS-10000 **Original Deadline:** 11/15/2016 **Created On:** 11/15/2016  
**Project Officer:** [Name] **Project Officer Email:** [Email] **Project Officer Contact #:** [Phone]  
**Last Updated By:** [Name] **Last Updated On:** 11/15/2016

**Resources**

**View**  
[NCC Progress Report](#) [Last NoA](#) [Program Instructions](#) [NCC User Guide](#)

**NCC PROGRESS REPORT CERTIFICATION** [View Report](#)

I certify to the best of my knowledge and belief that the information provided in this progress report is true and correct.

☐ Please check the box to electronically sign the NCC Progress Report. 1

[Cancel](#) 2 Submit Report



6. Certify the statement displayed under the NCC Progress Report Certification section of the **NCC Progress Report - Confirm Submit** page (**Figure 44, Box 1**), and click the **Submit Report** button to submit the NCC/BPR progress report to HRSA (**Figure 44, Box 2**).
7. If you experience any problems with submitting the progress report in EHB, contact the BPHC Helpline at 1-877-974-2742 or <http://www.hrsa.gov/about/contact/bphc.aspx>.

## 6. Submitting a Change Requested Progress Report

HRSA will send a 'Change Requested' email to you if your NCC/BPR progress report needs to be revised. To revise your progress report, access it in EHB using the steps described in section [1. Accessing the FY 2016 NCC/BPR Progress Report](#) of this user guide. Edit the progress report as indicated in the email sent by HRSA, and re-submit the NCC/BPR progress report by following the steps in section [5. Reviewing and Submitting the FY 2016 NCC/BPR Progress Report to HRSA](#) of this user guide.

**IMPORTANT NOTE:** A HRSA reviewer may cancel (or override) a change request after you have re-submitted a change requested NCC/BPR progress report, or if you have not responded to a previous change request in a timely manner.

If a HRSA reviewer cancels the change request, you will receive a Change Request cancellation email. After you receive this email, you will not be able to revise your NCC/BPR progress report. HRSA will review the last NCC/BPR progress report that you submitted.